Fill in this inform	ı			
Debtor name	Shem Olam LLC			
United States Bankruptcy Court for the:		SOUTHERN DISTRICT OF NEW YORK		
Case number (if I	known) <u>22-22493-SHL</u>	·		Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have e	xamined the information in the docur	ments checked below and I have a reasonable belief that the information is true and correct:
	Schedule D: Creditors Who Have C Schedule E/F: Creditors Who Have Schedule G: Executory Contracts at Schedule H: Codebtors (Official For Summary of Assets and Liabilities for Amended Schedule D and E/F (a and moving	or Non-Índividuals (Official Form 206Sum) amended to remove 645 Springdale Holdings LLC as secured creditor from Schedule D Rockland County from Schedule E to Schedule D t of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
I declare	e under penalty of perjury that the for ed on11/22/2022	egoing is true and correct. X Signature of individual signing on behalf of debtor
		Henoch Zaks Printed name Authorized Signatory Desition or relationship to debter

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		Pg 2 of 4		
Fill	in this information to identify the	case:		
Del	otor name Shem Olam LLC			
Uni	ted States Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YORK		
Cas	se number (if known) 22-22493-SF	IL	_	
				Check if this is an amended filing
	icial Form 206D			
Sc	hedule D: Creditors	Who Have Claims Secured by Pro	operty	12/15
Веа	s complete and accurate as possible.			
1. Do	any creditors have claims secured by	debtor's property?		
	\square No. Check this box and submit pa	age 1 of this form to the court with debtor's other schedules. I	Debtor has nothing else to	report on this form.
	■ Yes. Fill in all of the information b	elow.		
Dar	t 1: List Creditors Who Have Se	cured Claims		
			Column A	Column B
	n, list the creditor separately for each clair	no have secured claims. If a creditor has more than one secured ກ.	Amount of claim	Value of collateral
			Do not deduct the value of collateral.	that supports this claim
2.1	Rockland Cty Comm. of Finance	Describe debtor's property that is subject to a lien	\$600,000.00	\$7,000,000.00
•	Creditor's Name	Real property and improvements located at 82 Highview Road and 105 Carlton Road,		
	50 Sanatorium Road	Suffern, New York		
	Building A, 8th Floor	Subject to valuation		
	Pomona, NY 10970 Creditor's mailing address	Describe the lien		
		Is the creditor an insider or related party?		
		No		
	Creditor's email address, if known	□ Yes		
	,	Is anyone else liable on this claim?		
	Date debt was incurred	■ No		
		☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
	Last 4 digits of account number			
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply		
	■ No	☐ Contingent		
	☐ Yes. Specify each creditor,	☐ Unliquidated		
	including this creditor and its relative priority.	Disputed		
3.	Total of the dollar amounts from Part 1	, Column A, including the amounts from the Additional Page, if a	any. \$600,000.00	
Par	t 2: List Others to Be Notified for	a Deht Already Listed in Part 1		
		a Debt Already Listed in Part 1	utition that war by Bate 4	
	in alphabetical order any others who n ignees of claims listed above, and attor	nust be notified for a debt already listed in Part 1. Examples of el rneys for secured creditors.	ntities that may be listed are	e collection agencies,
If no	o others need to notified for the debts I Name and address	isted in Part 1, do not fill out or submit this page. If additional pa On w	nges are needed, copy this prince in Part 1 did	page. Last 4 digits of

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

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Fill in this information to identify the case:		
Debtor name Shem Olam LLC		
United States Bankruptcy Court for the: SOUTHERN DIS	TRICT OF NEW YORK	
Officed States Barikrupicy Court for the. SOOTHERN DIS	TRICT OF NEW YORK	
Case number (if known) 22-22493-SHL	_	
		Check if this is an amended filing
		amended ming
Official Form 206E/F		
Schedule E/F: Creditors Who Ha	ve Unsecured Claims	12/15
Be as complete and accurate as possible. Use Part 1 for creditor	rs with PRIORITY unsecured claims and Part 2 for creditors with NONP	
	ses that could result in a claim. Also list executory contracts on <i>Sched</i> eccutory Contracts and Unexpired Leases (Official Form 206G). Numbe	
	Part 2, fill out and attach the Additional Page of that Part included in thi	
Part 1: List All Creditors with PRIORITY Unsecured C	Claims	
1. Do any creditors have priority unsecured claims? (See	11 U.S.C. § 507).	
No. Go to Part 2.		
<u>_</u>		
☐ Yes. Go to line 2.		
Part 2: List All Creditors with NONPRIORITY Unsecu	red Claims	
3. List in alphabetical order all of the creditors with nonpo	riority unsecured claims. If the debtor has more than 6 creditors with nonp	riority unsecured claims, fill
out and attach the Additional Page of Part 2.		Amount of claim
3.1 Nonpriority creditor's name and mailing address 82 Highview LLC	As of the petition filing date, the claim is: Check all that apply.	Unknown
c/o Savad Churgin	Contingent	
55 Old Turnpike Rd, Suite 209	☐ Unliquidated	
Nanuet, NY 10954	Disputed	
Date(s) debt was incurred _	Basis for the claim: _	
Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.2 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$0.00
INTERNAL REVENUE SERVICE	■ Contingent	
PO BOX 7346	■ Unliquidated	
Philadelphia, PA 19101-7346	■ Disputed	
Date(s) debt was incurred _	Basis for the claim: FOR NOTICE PURPOSES ONLY.	
Last 4 digits of account number _		
	Is the claim subject to offset? ■ No □ Yes	
3.3 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$102,261.82
Kriss & Feuerstein LLP	☐ Contingent	
360 Lexington Avenue	☐ Unliquidated	
Suite 1200 New York, NY 10017	☐ Disputed	
	Basis for the claim: _	
Date(s) debt was incurred _ Last 4 digits of account number	Is the claim subject to offset? ■ No □ Yes	
Last 4 digits of account number		
3.4 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$112,560.00
LEVINE & ASSOCIATES, P.C.	Contingent	
15 Barclay Road Attn: Michael Levine, Esq.	Unliquidated	
Scarsdale, NY 10583-2707	☐ Disputed	
Date(s) debt was incurred _	Basis for the claim: _	
Last 4 digits of account number	Is the claim subject to offset? ■ No ☐ Yes	

Official Form 206E/F

Last 4 digits of account number _

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Debto			Cas	se nur	nber (if known)	22-22493-	SHL	
3.5	Name Nonpriority creditor's name and mailing address	As of the petition fi	ling da	te. the	claim is: Check a	ll that apply		\$0.00
	NEW YORK STATE DEPT. OF FINANC Contingent		n filing date, the claim is: Check all that apply.					ψο.σσ
	ATTN: BANKRUPTCY SPECIAL PROC	■ Unliquidated						
	PO BOX 5300	■ Disputed						
	Albany, NY 12205	•	. EOE	NO	TICE DUDDO	SES ONI V		
	Date(s) debt was incurred _	Basis for the claim				DES UNLT.		
	Last 4 digits of account number _	Is the claim subject t	o offset	:? ■	No LI Yes			
3.6	Nonpriority creditor's name and mailing address	As of the petition fi	ling da	te, the	claim is: Check a	Il that apply.		\$0.00
	Town of Ramapo - Tax Dept. 237 Route 59	Contingent						
	Suffern, NY 10901	Unliquidated						
	Date(s) debt was incurred	Disputed						
	Last 4 digits of account number _	Basis for the claim: FOR NOT			ICE PURPO	SES ONLY.		
		Is the claim subject to offset? ■ No □ Yes						
3.7	Nonpriority creditor's name and mailing address	As of the petition fi	ling da	te, the	claim is: Check a	ll that apply.		Unknown
	Yeshiva Chofetz Chaim Inc.	Contingent				,		
	c/o Savad Churgin	☐ Unliquidated						
	55 Old Turnpike Rd, Suite 209 Nanuet, NY 10954	■ Disputed						
	Date(s) debt was incurred	Basis for the claim	:					
	Last 4 digits of account number	Is the claim subject to offset? ■ No □ Yes						
·	nees of claims listed above, and attorneys for unsecured cred others need to be notified for the debts listed in Parts 1 a Name and mailing address		On v	which	e. If additional pa ine in Part1 or P ditor (if any) list	art 2 is the	Last 4	next page. digits of t number, if
4.1	OFFICE OF THE ATTORNEY GENERAL						any	
	28 Liberty St.		Line	3.5			_	
	New York, NY 10005			Not li	sted. Explain	-		
4.2	Town of Ramapo - Atty Office							
	237 Route 59		Line	3.6			_	
	Suffern, NY 10901			Not li	sted. Explain	-		
4.3	US ATTY OFFICE -SDNY		Lino	3.2				
	86 CHAMBERS STREET ATTN: TAX AND BANKRUPTCY		LINE	<u>J.Z</u>			_	
	New York, NY 10007			Not li	sted. Explain	-		
Dout 4	Total Amounts of the Priority and Nonpriority	Unaccured Claims						
Part 4	the amounts of priority and nonpriority unsecured claims							
					Total of cla	m amounts		
	tal claims from Part 1			a.	\$		0.00	
5D. I OI	tal claims from Part 2		5	b. +	\$	214,821	1.82	1
	tal of Parts 1 and 2		_		c	21 <i>4</i> 8	321.82	
Lin	nes 5a + 5b = 5c.		5	ic.	\$	214,0	1.02	